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SUBJECT: SRI LANKA: ASSESSMENT OF DISPLACED PERSONS CAMPS

¶1. (SBU) SUMMARY: Two USAID officials recently concluded separate trips to the Districts of Vavuniya and Mannar in Sri Lanka's Northern Province. Through meetings with local officials and implementing partners, visits to IDP sites ("camps"), and informal conversations with IDPs, they assessed the humanitarian response to date, including preparations for the large outflow of civilians, anticipated in the weeks ahead from the conflict area in Mullaitivu District. In general, they found that most of the basic humanitarian needs of the IDPs currently residing in temporary transit sites in Vavuniya District were being met. However, they noted growing protection concerns due to overcrowding, a lack of freedom of movement, and continued presence of armed Sri Lankan soldiers in the camps. They also observed large-scale infrastructure development at Manik Farm, which has become the Government's primary site for the flow of IDPs leaving Mullaitivu District. See para 17 for additional concerns identified during the visits. End summary.

USAID Assessment Visits

¶12. (U) USAID/Sri Lanka's Food for Peace Officer spent four days in Vavuniya and Mannar Districts in the Northern Province. He met with local officials and with UN and NGO implementing partners. He also visited the temporary, IDP transit site at Nelukulam School and newly-erected facilities at Manik Farm. On a separate visit, the Southeast Asia Regional Advisor for USAID's Office of Foreign Disaster Assistance (OFDA) visited IDP transit sites in Vavuniya Town and a long-term IDP camp in Mannar Town. He also witnessed the first arrivals of displaced people to Zone 3 of Manik Farm.

Conditions in Transit Sites

¶13. (SBU) Without exception, the 12 transit sites in and around Vavuniya Town are overcrowded. For example, at the Nelukulam School transit site, approximately 3,100 people live in classrooms and other on-site buildings, with little or no privacy for individual families. The Food for Peace Officer - accompanied by a World Food Program field coordinator - discussed site conditions with a civilian administrator assigned by the Government Agent to work with the Sri Lankan army to manage the site. The major concerns cited by this official included challenges faced by sick, wounded, and pregnant residents in being transferred to Vavuniya Hospital, and a lack of adequate food to complement WFP's dry rations.

¶14. (SBU) On a walk-through of the Nelukulam Transit Site, the USAID

official noted other concerns. Striking were the lack of soap and acceptable hygiene practices around the latrines. After going to the toilet, some people sloshed their lower legs and feet with plastic buckets of water, but there was no hand washing. On the other hand, at two other areas where there were water pumps (well water), people were pouring buckets of water over their heads, mimicking the time-honored Sri Lankan practice of daily bathing. In an impromptu gathering of IDPs during the walk-through, the most common complaints were about the lack of dietary diversity and individual health concerns (for example, a heart condition, a sick child, and a scalp wound).

15. (SBU) The Food for Peace Officer observed the operation of five communal kitchens in the Nelukulam Transit site, each kitchen serving 500 to 750 residents. Teams of IDPs do rotations, cooking the WFP-provided dry rations (rice, wheat flour, lentils, oil, and sugar - mostly Title II emergency food resources). In addition to these dry rations, NGOs had provided some complementary food items, in the form of vegetable greens and fish-flavored "soya meat." The IDP cooks complained that the amount of complementary food was inadequate to meet the needs of their clients. NGOs in Vavuniya agree with camp residents that the 1900 kcal food ration provided by WFP is not adequate to meet the basic caloric and other nutritional requirements of the population, especially given their long-term deprivation in the conflict area, where they have received intermittent and insufficient food aid.

Complementary Food

16. (SBU) In a meeting with a group of NGOs that evening, they discussed a strategy to complement the dry rations being provided by WFP. In a proposal now being considered for ECHO funding, the NGOs would boost the overall caloric and micro-nutrient dietary intake through shipments of complementary food to the conflict area and by providing a two-week, 600-kcal boost to IDPs once they arrive at transit sites. The Government too is asking for assistance in procuring complementary food. Although Government policy is to allocate money for feeding IDPs, in fact there are insufficient budgetary resources to take care of the existing caseload in Vavuniya transit sites, not to mention a three or four-fold increase predicted for the coming weeks. The NGOs estimate that it will cost approximately five US dollars per displaced person to provide complementary food over a two-week period. Their proposal - anticipating ECHO funding as well as resources from the Danish government and private sources - would require more than \$1 million just for an initial, two-week complementary food package. The package could include condiments, fresh vegetables, pasta, meat and egg protein, and milk powder. It is unlikely that the Government or other humanitarian agencies will have resources to sustain this level of complementary food assistance.

Nutrition Concerns

17. (SBU) The discussion around providing complementary food has been prompted by culinary and nutrition concerns. The UNICEF representative in Colombo recently shared with the two USAID officials preliminary findings of a joint nutrition study conducted in early March by UNICEF, the Ministry of Health, and the Medical Research Institute officials. Sampling approximately 400 children under the age of five years in six of the twelve Vavuniya transit sites, using a weight-for-height screening methodology, the not-yet-released study shows a GAM (global acute malnutrition) rate of 25 percent. UNICEF broke this down between a MAM (moderate acute malnutrition) rate of 20 percent and a SAM (severe acute malnutrition rate) of five percent. According to UNICEF, the normal MAM and SAM rates for Sri Lanka are 12.5 percent and 2.5 percent. Other findings of the nutrition study were high rates of anemia (40 percent in under five's, 50 percent in lactating mothers, and 40 percent in pregnant women) and of underweight (33 percent of lactating mothers and 40 percent of pregnant women).

18. (SBU) In an interview with USAID officials, the Medical Superintendent of Mannar Hospital shared results of a weight-for-height survey of 70 children who had recently been released from the Mullaitivu conflict area. In this study, almost 30 percent of the children had a -3 standard deviation from the

median score for their cohort (SAM rate).

¶19. (SBU) Anticipating a possible exodus of 200,000 IDPs once the conflict is over, UNICEF is putting together a \$1 million proposal to address the therapeutic and supplementary feeding needs of children under five years, and the micronutrient needs of children and lactating and pregnant women. OFDA is likely to consider partial funding of this proposal as part of the emergency response.

Hospital Capacity to Serve Growing Caseload

¶10. (SBU) In a recent discussion, UN officials said that approximately one-third of the civilians leaving the conflict area have war wounds, another third have more minor injuries and other health issues (diarrhea and respiratory conditions being common), and the remaining third is without physical ailments. One hundred percent are estimated to be suffering from psychological distress.

¶11. (SBU) Although estimates vary of civilians trapped in the conflict area between the SLA and LTTE cadres, there is consensus that the existing medical facilities are inadequate to serve a

growing caseload of sick and war-injured patients. When patients leave the conflict area, they are screened by the military and then sent to hospital trauma centers in Trincomalee, Vavuniya, and Mannar Districts. The Medical Superintendent for Mannar Hospital explained that he had recently begun upgrading his 200-bed hospital to 300 beds, and that this capacity was being augmented by five ICRC temporary wards, with an additional 150 beds. However, the Ministry of Health had instructed him to further increase the capacity of Mannar Hospital to an overall total of 1,000 beds. He was also told that he would receive additional staff - 40 nurses, two surgeons, one ob/gyn specialist, two pediatricians, and one general physician.

¶12. (SBU) Undoubtedly, other hospital administrators have been given similar instructions by the Ministry to temporarily upgrade their capacity to deal with trauma patients. The Mannar Hospital Medical Superintendent stated that the Ministry of Health had told him that they would provide medicines, equipment, and other supplies. However, he appeared uncertain when asked if he really thought that the Ministry would have these supplies on hand for his increased caseload.

Manik Farm - Not a Temporary Response

¶13. (SBU) The USAID officials visited Manik Farm, a 1000 acre site divided into three zones at varying stages of development. In Zone One, the Government is working full steam ahead on setting up long-term accommodations for a population that could be as many as 15,000 individuals, once construction is complete. Reportedly, the construction contract has been awarded to the brother of the Minister of Resettlement and Disaster Relief Services. Although Zone Two is still uncleared jungle, Zone 3 has row upon row of temporary shelters - plastic walls and roof around a wooden frame - with latrines and water tanks dispersed throughout the more than 4,000 shelters constructed to date. Double strands of razor wire surround the various housing blocks of Zone 3.

¶14. (SBU) The OFDA regional advisor was in Zone 3 when the first buses of IDPs arrived from the Omantai checkpoint. The U.N and NGOs were not advised in advance of the arrivals by GSL officials and were forced to hastily complete preparation activities. Many of the new arrivals had left the Mullaitivu region less than 48 hours earlier. Several of the IDPs recounted stories of escape and continued fighting in the "no-fire zone."

¶15. (SBU) Both USAID officials concluded, as have other international observers, that the Government of Sri Lanka has long-term plans for Manik Farm. The current infrastructure in Zone 3 is easily convertible to more permanent shelters. UNICEF is working with the National Water Supply Board to provide water from the nearby Mathawathi River, at an estimated cost of \$800,000 to install pumps and lay pipe from the river to the site. Plans are to pump the river water to two distribution points - one where it will be treated for drinking and the other for general purposes. The

UNICEF representative also spoke of the construction of 18 "learning spaces," (schools) in Zone 3, to be staffed by IDPs already on the Ministry of Education's payroll.

¶16. (SBU) Across the road from Zone One is the likely forerunner of Manik Farms Zones One, Two, and Three. In this "model village," IDPs have a post office, police station, schools, and a health clinic. However, the IDPs are housed in congested, corrugated metal barracks with few livelihood opportunities, and the overall appearance is that it is little more than a slum, where movement is restricted.

Concerns

¶17. (SBU) Following are concerns identified by the two USAID officials during their visit:

- Overcrowding of transit sites: the 12 IDP sites in Vavuniya town - serving as home for close to 35,000 people - pose major protection concerns.

- Lack of freedom of movement: Except for a few elderly IDPs (over age 60), only hospital patients are allowed to leave the sites, and they may not be accompanied by family members. Although the Government Agent in Vavuniya indicated that she had begun issuing identification cards for the IDPs of Gemini Transit Site (total of 1,400 individuals) and stated that all 12 sites' IDPs would have ID cards by the end of April, this pledge could easily be superseded by the military. This bodes ill for freedom of movement of the majority of IDPs for the foreseeable future.

- Deteriorating conditions, deteriorating morale: The euphoria felt by some displaced people after escaping the conflict area is being replaced by cynicism and depression brought on by overcrowding, lack of movement, and an overall deterioration in services (for example, hygiene and the lack of complementary food).

- Uncertain capacity to respond to major medical trauma cases: The Ministry of Health appears to be gearing up for a large outflow of trauma victims, once civilians are released from the conflict area. However, if Mannar Hospital is an indicator, it is doubtful that existing facilities can be upgraded fast enough, medical supplies provided, and professional, medical staff increased to care for the thousands of patients likely to need care in the coming weeks. In an off-the-record comment recently, an ICRC official commented that the Government's apparent strategy to deal with trauma cases in existing hospital facilities in Trincomalee, Vavuniya, and Mannar Districts was misguided, when many of the patients will require a level of tertiary care only available in facilities such as Jaffna and Batticaloa teaching hospitals. The consequences, said the officials, will be more deaths, worse disabilities, and higher costs to the health care system.

- High rates of malnutrition: The recently concluded nutrition study in six IDP camps in Vavuniya, and the smaller study done by the Medical Superintendent at Mannar Hospital, indicates that the civilians trapped in the conflict area are becoming increasingly malnourished. These results make more credible the claims of starvation cases by local health officials in the conflict area of Mullaitivu District.

- Long-term plans and humanitarian community support: All signs on the ground at Manik Farm point to Government plans to house many thousands of IDPs long-term. UNHCR has started an assessment of humanitarian support to date (since January), during a first, three-month phase. Presumably, the assessment will report on the temporary humanitarian response, as well as progress on such basic humanitarian principles as access by humanitarian actors (UN, NGOs, donors), freedom of movement of IDPs, and civilian management of IDP camps.

CONCLUSION AND COMMENT

¶18. (SBU) Findings of the UNHCR 90-day assessment should provide important policy input for the USG in determining whether to

continue providing humanitarian assistance in the months ahead. The trip by USAID officials to Vavuniya and Mannar Districts raises doubts about the Government's ability to adequately cope with a growing caseload of tens of thousands of civilians in the weeks ahead. The already overcrowded conditions and lack of freedom of movement in the camps in Vavuniya Town raise serious protection concerns. At Manik Farm, the humanitarian community is patching together temporary services to help the Government meet immediate needs (water, food, shelter) for new arrivals. However, there could be twice as many people as the cleared land and infrastructure under construction will accommodate. Septel describes the March 30 Coordinating Committee on Humanitarian Affairs meeting at which the GSL confirmed plans to meet on March 30 with the UN and local NGOs to agree on plans to accommodate the possible influx from the safe zone. Access to IDP camps by the UN and NGO implementing partners has generally been satisfactory. However, access to the Northern

Province (including Vavuniya and Mannar) by USG officials continues to be uncertain, with each travel request delayed by a combination of civilian and military authorities that are unable to set clear procedures for obtaining travel approval. The Government's unwillingness or inability to discuss a medium-term returns strategy with the international community fuels concerns that IDPs settled in Manik Farm may have a long stay ahead of them, despite continued GSL insistence that 80 percent of IDPs will be resettled by the end of 2009.

BLAKE